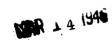
42405 . No. 2 DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH BUREAU OF THE CENSUS -1-4-41 STANDARD CERTIFICATE OF DEATH State File No .. 5-17-39 I X26390 Primary Registration District No. 4 Registration District No. Registrar's No..... 1. PLACE OF DEATH: 2. USUAL RESIDENCE OF DECEASED: A PERMANENT RECORD (If outside city or town limits, write "RURAL" and name of township (c) Name of hospital or institution: (If outside city or town limits, write "RURA (If not in hospital or institution, write street number or location) (If rural, give location) (d) Length of stay: In hospital or institution ... 20. (e) Citizen of foreign country? (Yes or No) In this community... 16 15 If yes, name country..... years, months or days) MEDICAL CERTIFICATION 3. (a) PRINT FULL NAME 20. DATE OF DEATH: Month Dec. 3. (b) If veteran. (c) Social Security BLACK INK-MAKE -07-019 name war... 21. I hereby certify that I attended the deceased from Called as Coroner 5. Color or 6. (a) Single, widowed, married. and that death occurred on the date and hour stated above. 6. (b) Name of husband or wife Duration hit 0 7. Birth date of deceased (Day) (Month (Year) the debot 8. AGE: Yeara Months Days' If less than one day UNFADING Causing instant 25 Due Death 9. Birtholace. Automobile ${ t Accident}$. (State_or foreign country) Other conditions 10. Usual occupation (Include pregnancy within 3 months of death) PHYSICIAN Major findings: Of operations. Underline the cause to which death should be Of autopsy charged statistically. 15. Birthplace 22. If death was due to external causes, fill in the following: State or foreign country) (a) Accident, suicide, or homicide (specify) Accident (a) Informant Dec. (b) Date of occurrence... (b) Addres Mo Bucklin (c) Where did injury occur?. (b) Date thereof. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Month) a crossing across the Santa (c) Place: burial or cremation 18. (a) Signature of funeral affector? (Specify type of place) (e) Means of injury (b) Address 23. Signature Marceline Mo. (Registrar's signature) (Liceused Embalmer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

and the second s		
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by		
		, Registered Apprentice No
working under my personal supervision.	,	1 21 0

Signed Colfarson

P. O. Address Bucklin Mo

P. O. Address P.

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.